

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

0 9/423356

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5	2					
6	1					
7	1					
8	1					
9						
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11						
12.	1					
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TOTAL IND.	4		4			
TOTAL DEP.	27	↓	20	↓		↓
TOTAL CLAIMS	31	22	24	22	22	22

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